

Kansas Statewide Farmworker Health Program Advisory Group Meeting

Date: May 16, 2003

Time: 9:30 am – 12:00 pm

Place: Flint Hills Conference Room,
Curtis Building, 3rd Floor
1000 SW Jackson
Topeka, KS 66612

Attending: Cyndi Treaster, Francisco Orozco, Joyce Volmut, Mary Miles Robert Stiles, Rochel Towle

Agenda Item	Discussion	Decisions	Follow-up Required
I. Welcome Remarks	<p>Introduced Rochel Towle as our new administrative assistant.</p> <p>Elvira Jarka, from the DHHS regional office sent a few comments from her monitoring visit in February. Robert and Francisco went with her to several sites in western Kansas. Information she gathered is being reported and will be given to our new project officer. She stated that:</p> <ul style="list-style-type: none"> • Access points in Garden City area are well coordinated with very dedicated staff at all sites visited. Clients are very pleased with the services and although the voucher program does not provide for all their medical needs it is very much appreciated (from home visit in Hugoton). • Pharmacy services are a high need for the farm workers. • Nice collaboration between KDHE staff and the attorney in Kansas City (Suzanne Gladley) for immigration services/training. • KDHE is very responsive to farm worker needs especially in regards to cultural competency including language. This is evident through bilingual staff and training addressing the needs of Old Colony Mennonites. • The Health Survey should provide valuable information to the committee on how to better serve this population. • There is some miscommunication regarding program funding and vouchers at the Ulysses office and this may need some clarification with staff. They were under the impression that vouchers were discontinued last year. • There is no PCER PIN for voucher programs - however, the current 		

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	<p>PCER would be adapted to the program operations.</p> <ul style="list-style-type: none"> The definition of migrant varies by federal agency and the advisory committee might want to look into this further and develop an action plan on how this can be addressed from an advocacy level. 		
II. Patient Satisfaction Survey			
A. Results	<p>Question #1-Why do you chose to utilize the KSFHP voucher program?</p> <p>Comments received were not unexpected. There were 4% of Latinos who were not aware that they had received services from KSFHP. It was concluded that they may have known that they got help but were unsure of what program was helping them. They may have not ever seen the voucher. Joyce stated that this was not surprising since KAMU found that students who got money from the Search program didn't know that the money came from KAMU.</p> <p>The majority of the farm workers are identified through the Access Point Agency. In order to make sure they are receiving basic information about KSFHP we are now sending all new and updated families a letter and the pamphlet, which are in both English and Spanish.</p>		Identify which area of the state the 4% came from.

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	<p>Question #2-When you use the vouchers, are you treated with respect by the Case Manager - The Low Germans may not have answered “don’t know” with regards to treatment, because they have not had interactions with the Case Manager due to the language barrier. The person who answered “no” did so because he was refused a voucher.</p> <p>Access Point Agency – There was one person who answered “no”. The Access Point Agency refused to give a voucher when it was requested once.</p> <p>Medical/Dental Providers – There was one person who answered “no”. The concern with the dental provider was it was difficult to get an appointment and a medical provider was curt.</p> <p>Question #3-How long did you have to wait before getting the voucher to go to the doctor/dentist?</p> <p>Not sure that #3 gives us any valuable information, as some people may not need a voucher right away for services, their appointment may be a month away. An example would be a woman going for a prenatal visit.</p> <p>Question #4-Has anyone with the Farmworker Health Program or your health provider ever told you where to go or what to do if you need health care when the Access Point Agency or health care provider is closed.</p> <p>Part of the reason the majority say they have not been told by someone in the Farmworker Health Program or their health care provider where to go when their health care provider or the Access Point agency is closed is because we don’t encourage them to go to the ER. Joyce said she would like to know how many are using our program and how many are using ER services.</p> <p>The question now is should we be telling people about the ER?</p> <p>Question #5-At your last voucher paid visit, did a doctor or nurse prescribe medicine for you to take?</p> <p>High percentage of clients are prescribed medicine. The concern is that the people enrolled in the Farmworker program may be under-treated. Joyce reported that The Institute of Medicine says that the minorities are generally under-treated. Some may be receiving indigent services or samples from the doctor or clinic.</p>	<p>Next time may want to separate out dental from medical providers.</p> <p>Yes.</p>	<p>Add ER information to the letter we mail out and possibly make a pamphlet.</p>

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	<p>Robert wants to compare the level of care provided to people with diabetes. He learned at the Migrant Farmworker Steam Conference that all voucher programs have to be in a collaborative together within a group. KFHP staff are interested in addressing diabetes care. We do not have many people with diabetes in our program (probably due to age and recent immigration). However there are a lot of things in going on in our state with diabetes. The other one we thought about doing was depression. We estimate that about 50% of the Low Germans are depressed. However there are a lot of challeges in addressing depression as a voucher program, where do you start?</p> <p>Question #6- On your last visit, did you get as much information about your health and treatment as you wanted?</p> <p>Part of the reason clients are not getting as much information about their health and treatment as they wanted is probably due to the language barrier in some cases.</p> <p>Question #7- Do you get regular health care even when you are not sick? The difference in the Latino and Low Germans may be due to the Latino community having more experience with the medical system.</p> <p>Questions #8- Do you think that the Farmworker Health Program providers keep facts about you and other patients confidential?</p> <p>The KDHE attorney found that our program was not a covered entity under HIPPA Robert said at the stream voucher meeting that 50% of the voucher programs are and 50% were not.</p> <p>Joyce was concerned with information provided to the business office when bills are processed. She was relieved to find out that this personal information is no longer sent to the business office.</p> <p>Should we add the confidentiality information to the letter and the provider agreement?</p> <p>Question #9- How about the quality of care? Are you very satisfied, satisfied, dissatisfied or very dissatisfied with this?</p> <p>Responses were very positive. Only three of sixty-nine respondents were</p>	<p>Yes.</p>	<p>Joyce said she would be willing to help with that.</p> <p>New provider agreements will be sent out with the June letter to all providers.</p>

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	<p>dissatisfied.</p> <p>Question #10- When you go to medical or dental providers is there a fee for services?</p> <p>Some of the providers ask for a co-pay – it does affect the amount that we pay. They have to pay 50% for dental services, after the first \$100. Two hospitals are not writing off the remainder of the bill after KSFHP pays. Dodge City is looking at providing a discount to people with our program. Great Plains Alliance CEO sent out a letter to all his hospitals asking them to accept our payment and write off the rest however the hospital is still not being cooperative.</p>		<p>Robert is following up on the Edwards County Hospital.</p>
B. KSFHP Response			
1. Letters	<p>We are now sending letters to every newly registered and updated family. The letter contains information such as: benefits, preventive care, what is paid for, how the program works, information on preauthorization, and who is their Access Point Agency.</p> <p>This seems to be working as Cyndi has gotten calls from clients who have received the letter who have questions about the program.</p>		<p>Add ER information to letters.</p>
2. Posters	<p>Robert designed the posters and they are personalized for each area with regional case manager information</p> <p>Cyndi has updated the Policy Book. Case management services reimbursement was removed as it was not used much. New income guidelines were inserted. Cyndi and Robert made changes to the registration form – questions that were not very useful were removed and the income information moved closer to the top. KSFHP is now asking for a copy of the paycheck or a written self declaration of income and farmwork. Moved the employer information under question#1. Home base address was removed as it was not being filled in very often. There was also a change in the information about pregnancy. Expected delivery date is now requested rather than how far along pregnancy is. Rochel updated the encounter log to make is more user friendly and KSFHP will be encouraging everyone to use it as a tracking device.</p> <p>On the risk assessment what person in the family with history of illness is requested Mary commented that the risk assessment form has good</p>	<p>When sending out the letter (end of the State Fiscal Year to get their bills in to us) to providers and Access Point Agencies we should include a new Policy book and Provider Agreement, also include pamphlets for the</p>	

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	<p>information in it, but they do not have time with all the people they are seeing to do a risk assessment on the families.</p> <p>Rochel made some great changes in the pamphlet and those changes consist of the format, font and layout. Every one was in agreement that it was easier to read and follow.</p>	Access Points.	
III. Health Status Surveys			
A. Progress			
B. Low German Presentations	<p>Two retired Low German speakers did 27 surveys with the Low German farmworkers in March. They may possibly be back this fall for another month. During their surveys they noted that most of the families had a cassette player and they thought it would be a good idea to do a health tapes with basic info on preventive services, programs, child rearing, depression. KSFHP staff thought it would be a good idea to do one side in Low German and English and the other in Spanish and English.</p>		
C. Summer Plans			
1. Kristin Bontrager	<p>Kristin is nurse and MPH student who will be working on transcripts in June and also a visual to go with each. She will be looking for some funding to get this done. Money left from the Health Foundation grant might be able to be used for this. KSFHP will be exploring ways to distribute these to the families and access points.</p>	Joyce will help locate some businesses that we may be able to get some funding from.	
IV. Health Plan			
A. Health Screenings and Outreach	<p>Cyndi received an e-mail stating that the UDS Report required no revisions.</p> <p>A. Cyndi will update the M&I map for A1b. For pregnant farmworker women covered, KSFHP pays for prenatal lab and sonos in some areas and in others pay for prenatal visits as well. At this point near to being closed for prenatal deliveries in this fiscal year.. Primarily pay prenatal visits in Western Kansas.</p> <p>Progress and objectives will be updated with 2002 information.</p> <p>B. Should have a new B2 and move B2 to B3 and so forth. B2. should read something like – 100% of eligible children not eligible for Medicaid will have an available medical home.</p> <p>Needs to state registered farmworkers not just farmworkers in general.</p> <p>SHS is no longer requiring undocumented children to complete the</p>	Changes required in this section read information in discussion to determine what decisions were made.	

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	<p>Medicaid/Healthwave process.</p> <p>B3 80% who are in need of medication will have pharmacy services. Robert wants to find out what percentage of them receive indigent drugs. Will not have a pharmacy associated with an office visit if they get samples or are in indigent drug programs.</p> <p>C. Add under 1 that an Americorps worker who was bilingual was never identified but comment that we still have opportunity to do so for the coming year. Have a new C2 which will include the audiotape project. Then the old C2 becomes C3 and so forth.</p> <p>D. Add the audio tapes other than that, no big changes.</p> <p>E. Suggestion that depression may be experienced as something else in Latinos. Barton county is going to have a support group for stay at home mothers with young babies. Would like to do a follow up on what happens when they get in this country.</p> <p>F1. Verify professional licenses again this year. F2 not sure that interpreter training workshops will be available due to funding. Add an F2b Developing Low German interpreting resources and attempt to meet with them. Special health services will pay for interpreters for those in their program. F3 same and F5 should be F4 – numbered wrong.</p>		
V. Business Plan	<p>A2a should be progress not action step. Also, on A2a we have 84 counties not 102. Make the action step as Case Managers will seek out more Access Point Agencies or they will work to maintain the number of Access point Agencies that we already have.</p> <p>B. No change in coverage. B3 add health fairs and screenings B4 new data entry person, address turn around time and errors and using information from survey to improve.</p>	Changes required in this section read information in discussion to determine what decisions were made.	
A. HIPAA Finding	We are not regulated under HIPAA according to our attorney at KDHE.		
V. Other	No other information to discuss.		